



14 September 2009

Dear Parents/Guardians of _____

STUDENT PARTICIPATION IN THE UPCOMING ARC EVENT AT PATHLIGHT SCHOOL

The Autism Resource Centre (ARC) will be organizing a movie event showcasing the documentary *AUTISM: The Musical* on 18 September 2009, Friday.

As part of ARC, we would like to get our students involved in the Café operations that day. Selected students will help out at the Café kiosks. This is also an excellent opportunity for our students to practise the skills that they learn in school.

Details are as follows:


Date	Friday, 18 September 2009
Venue	Pathlight School
Student Reporting Time & Place	5:30pm
Student Dismissal Time	8:00pm
Kiosk that the student should report to	

An invitation has also been sent out to all parents for this event. If you would like to attend, please ensure that you respond as indicated in the invitation.

Kindly complete and return the attached Reply Slip to your form teacher by **Tuesday 15 September 2009**.

We thank you for your support!

Yours sincerely



Ms Linda Kho
Principal

Cc Ms Denise Phua, School Supervisor, Pathlight School Board
Ms Loy Sheau Mei, Vice-Principal (Academics)
Mrs Mary Gilbert & Ms Wong Yeok Lin, Track Heads
Mr Edwin Munji, Ms Daphne Chern, Mrs Teh Tsui Tsui, General Office



PATHLIGHT
SCHOOL

The learning journey

CONSENT / INDEMNITY FORM

Pathlight School requests your confirmation and acceptance of your child's participation in the following programme / activity:

Name of programme / activity : Student Participation in AUTISM: The Musical
Purpose : _____
Venue : Pathlight School
Date : 18 September 2009, Friday
Time : 5:30pm to 8:00pm

Name of Child : _____
Class : _____
Name of Parent : _____

I, **allow / do not allow*** my child to participate in the above activity. I know that Pathlight School will do its best to ensure the safety and well-being of the children. However, in the event of any accident occurring, I shall not hold Pathlight School responsible and neither will I allow or take any legal action and / or make any claims against the school, its teachers or the organizers of the activity.

Signature of parent / guardian

Relationship to child : _____

Date : _____

Telephone no. in case of emergencies: _____

* please delete accordingly